CLERMONT CARES FORM

INFORMATION ON PROBLEM   LOG #

NAME:
ADDRESS:

TELEPHONE:

LOCATION AND NATURE OF PROBLEM:

DO NOT FILL OUT BELOW THIS LINE
==
FOLLOW-UP NOTES:
RECEIVED BY:
RECEIVED VIA:
DATE RECEIVED:

ASSIGNED TO:
DEPARTMENT:
DATE ASSIGNED:
DATE DUE:
==
ACTION TAKEN/OR RECOMMENDED:
NAME OF PERSON HANDLING CARES ISSUE:
DATE COMPLETED:
TARGET DATE IF NOT RESOLVED:
1ST PROGRESS DATE CHECKED:
2ND ROGRESS DATE CHECKED:
3RD ROGRESS DATE CHECKED:
DATE TRANSFERRED TO PROJECT LOG:
COMPLETED? Yes or No
Revised 06/28/04 ks